

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		118968.39
(b) Cash on Hand at Beginning of Reporting Period.....	115549.64	
(c) Total Receipts (from Line 19)	8599.00	89428.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	124148.64	208396.89
7. Total Disbursements (from Line 31).....	2377.47	86625.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	121771.17	121771.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6539.30	52893.25
(ii) Unitemized	2059.70	34035.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8599.00	86928.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8599.00	86928.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8599.00	89428.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8599.00	89428.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	208.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	208.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	62250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	390.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	390.00
29. Other Disbursements	2377.47	23777.47
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2377.47	86625.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2377.47	86625.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8599.00	86928.50
34. Total Contribution Refunds (from Line 28(d))	0.00	390.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8599.00	86538.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	208.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	208.25

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. THOMAS I RUNKLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 868B N Pennock St
 City Philadelphia State PA Zip Code 19130-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation DIRECTOR OF OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **342.00**

Date of Receipt **08 / 31 / 2013**
Transaction ID : AE0E6A5EE3D5D4384B61
 Amount of Each Receipt this Period **57.00**
 Payroll Deduction: \$19.00/Bi-Weekly

B. CELESTE H CHAMBERLAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8446 Pembroke Rd
 City Philadelphia State PA Zip Code 19128-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. CHRISTOPHER'S HOSPITAL FOR CHILDRE Occupation DCQI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **342.00**

Date of Receipt **08 / 31 / 2013**
Transaction ID : AE6688D2837904B3F91E
 Amount of Each Receipt this Period **57.00**
 Payroll Deduction: \$19.00/Bi-Weekly

C. STEPHEN D PRESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3680 Village Center Ln
 City Hoover State AL Zip Code 35226-6343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BROOKWOOD MEDICAL CENTER Occupation VP, EXTERNAL AFFAIRS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **342.00**

Date of Receipt **08 / 31 / 2013**
Transaction ID : A91504F0BDF5C42678A2
 Amount of Each Receipt this Period **57.00**
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **171.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. RALPH ALEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 528 W 51st St

City Miami Beach State FL Zip Code 33140-2611

FEC ID number of contributing federal political committee. **C**

Name of Employer HIALEAH HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : A0497A3ED3699402AAFA

Amount of Each Receipt this Period **40.00**

Payroll Deduction: \$20.00/Bi-Weekly

B. TERRY WHEELER
Full Name (Last, First, Middle Initial)

Mailing Address 13802 Magnolia Manor Dr

City Cypress State TX Zip Code 77429-8162

FEC ID number of contributing federal political committee. **C**

Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : A6883EADAE234583BEF

Amount of Each Receipt this Period **70.00**

Payroll Deduction: \$35.00/Bi-Weekly

C. JAY MIRANDA
Full Name (Last, First, Middle Initial)

Mailing Address 15871 SW 148th Ter

City Miami State FL Zip Code 33196-5701

FEC ID number of contributing federal political committee. **C**

Name of Employer CORAL GABLES HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : A0B7A9229B3ED4331A60

Amount of Each Receipt this Period **80.00**

Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **190.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DEBORAH DALEY		Date of Receipt
Mailing Address PO Box 757		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Edgewood	TX	75117-0757
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
TENET HEALTHSYSTEM-TEXAS	ASST - ADMINISTRATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="340.00"/>	
		Transaction ID : AF08C41C84A024B709DA
		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
		Payroll Deduction: \$20.00/Bi-Weekly

Full Name (Last, First, Middle Initial) B. CATHRYN H FRASER		Date of Receipt
Mailing Address 272 Enclaves Ct		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Coppell	TX	75019-2125
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	SVP, HUMAN RESOURCES	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1632.00"/>	
		Transaction ID : A2904575C997B40B0881
		Amount of Each Receipt this Period
		<input type="text" value="192.00"/>
		Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial) C. MARK P LISA		Date of Receipt
Mailing Address 391 E Milgeo Ave		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ripon	CA	95366-2120
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
DOCTORS HOSPITAL OF MANTECA	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="663.00"/>	
		Transaction ID : A9A0085AFCC20443EB6E
		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
		Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="310.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. CRAIG C ARMIN

Mailing Address 23510 Berdon St

City Woodland Hills State CA Zip Code 91367-3004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP, GOVT PROGRAMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : AA87DD0A5A93B4353BDE

Amount of Each Receipt this Period **80.00**

Payroll Deduction: \$40.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. MICHAEL J KING

Mailing Address 2713 Stuyvesant Cir

City Modesto State CA Zip Code 95356-0337

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DOCTORS MEDICAL CENTER-MODESTO COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **323.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : AF8A4ADE3B9154B8980E

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. MANUEL LINARES

Mailing Address 7935 East Dr Apt 901

City North Bay Village State FL Zip Code 33141-3693

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTH SHORE MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : A7574AFB6A1964C668E2

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **194.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. CHARLES MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 747 Mendenhall Ct

City Fort Mill	State SC	Zip Code 29715-7852
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FEC ID number of contributing federal political committee. **C**

Name of Employer PIEDMONT MEDICAL CENTER	Occupation CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2013
Transaction ID : A0FCFC464E810427B98E

Amount of Each Receipt this Period
38.00

Payroll Deduction: \$19.00/Bi-Weekly

B. GARY K RUFF
Full Name (Last, First, Middle Initial)

Mailing Address 714 Kent Ct

City Southlake	State TX	Zip Code 76092-8868
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, PHYSICIAN RESOURCES
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1632.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2013
Transaction ID : A09CFB48DEF154DE0903

Amount of Each Receipt this Period
192.00

Payroll Deduction: \$96.00/Bi-Weekly

C. MARITA COVARRUBIAS
Full Name (Last, First, Middle Initial)

Mailing Address 7115 Wildgrove Ave

City Dallas	State TX	Zip Code 75214-3841
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP & ASST GENERAL COUNSE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2013
Transaction ID : A8169CCC670AB47158A8

Amount of Each Receipt this Period
38.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	268.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. DOUGLAS E RABE

Mailing Address 7746 Eagle Trl

City Dallas	State TX	Zip Code 75238-4115
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, TAXATION
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2013

Transaction ID : AE7A52921DB244D56968

Amount of Each Receipt this Period

100.00	100.00	40.00
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40.00

Payroll Deduction: \$20.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. THOMAS WOLF

Mailing Address 2613 Millington Dr

City Plano	State TX	Zip Code 75093-3560
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation MGR, REIMBURSEMENT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **272.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2013

Transaction ID : A01F47867DF744A60BEA

Amount of Each Receipt this Period

100.00	100.00	72.00
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32.00

Payroll Deduction: \$16.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. JOHN B MCDONALD

Mailing Address 2230 Warner Rd

City Fort Worth	State TX	Zip Code 76110-1752
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, A&D
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2013

Transaction ID : A91C685CAFBA944B7A78

Amount of Each Receipt this Period

100.00	100.00	76.00
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76.00

Payroll Deduction: \$38.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	148.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILLIAM R FREEMAN		Date of Receipt
Mailing Address 3031 Highland House Villas Ct		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Arnold	MO	63010-5623
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : A475C9E6B76894282892
DES PERES HOSPITAL	RN - CLINICAL PRN	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="323.00"/>	<input type="text" value="38.00"/>
		Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial) B. DENISE F BERGER		Date of Receipt
Mailing Address 1504 Country Bend Dr		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Saint Charles	MO	63303-2512
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : AA2D040DD51364DA6BEB
DES PERES HOSPITAL	HOSPITAL COMPLIANCE OFF	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="425.00"/>	<input type="text" value="50.00"/>
		Payroll Deduction: \$25.00/Bi-Weekly

Full Name (Last, First, Middle Initial) C. THOMAS RICE		Date of Receipt
Mailing Address 15126 Ferdinand Dr		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75248-6437
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : A4CFAF9C249BC409980B
TENET HEALTHCARE CORPORATION	SVP, INVESTOR RELATIONS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="663.00"/>	<input type="text" value="78.00"/>
		Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="166.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BRITT REYNOLDS		Date of Receipt										
Mailing Address 3201 Wentwood Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>24</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	24	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	24	/	2013								
City Dallas	State TX	Zip Code 75225-4845										
FEC ID number of contributing federal political committee. C		Transaction ID : AF84C862BAD8A4E5D850										
Name of Employer TENET HEALTHCARE CORPORATION		Amount of Each Receipt this Period										
Occupation PRESIDENT OF HOSPITAL OPERATIONS		192.30										
Payroll Deduction: \$96.15/Bi-Weekly												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	1634.55											

Full Name (Last, First, Middle Initial) B. STEPHEN M MOONEY		Date of Receipt										
Mailing Address 4619 Briar Oaks Cir		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>24</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	24	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	24	/	2013								
City Dallas	State TX	Zip Code 75287-7503										
FEC ID number of contributing federal political committee. C		Transaction ID : ACC34B4CABB2443EFBEF										
Name of Employer CONIFER		Amount of Each Receipt this Period										
Occupation PRESIDENT, CONIFER		78.00										
Payroll Deduction: \$39.00/Bi-Weekly												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	663.00											

Full Name (Last, First, Middle Initial) C. COREY L DAVISON		Date of Receipt										
Mailing Address 2700 Crepe Myrtle Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>24</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	24	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	24	/	2013								
City Flower Mound	State TX	Zip Code 75028-3617										
FEC ID number of contributing federal political committee. C		Transaction ID : A8C750D4EDF8E4EA78E9										
Name of Employer TENET HEALTHCARE CORPORATION		Amount of Each Receipt this Period										
Occupation SR DIR, GOVT RELATIONS		78.00										
Payroll Deduction: \$39.00/Bi-Weekly												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	913.00											

SUBTOTAL of Receipts This Page (optional).....▶	348.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. ALBERT BARROCAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 Spalding Dr
 City Atlanta State GA Zip Code 30350-1100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 24 / 2013
Transaction ID : A2B4D63D4D07748C9900
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

B. Mr. JAMES M THATCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6608 Castle Pines Dr
 City Plano State TX Zip Code 75093-6378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONIFER Occupation SVP, BUS DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 24 / 2013
Transaction ID : AE457189364FB4A97868
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

C. RICHARD E GLANCEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6516 Vasco Way
 City El Paso State TX Zip Code 79912-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIERRA MEDICAL CENTER Occupation DIR, EXTERNAL AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 24 / 2013
Transaction ID : A1918E2874033448C8F3
 Amount of Each Receipt this Period 78.00
 Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 154.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. JOHN QUINN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1138 Pine Valley Rd
 City Griffin State GA Zip Code 30224-4953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **646.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : A380038C6C154468498E
 Amount of Each Receipt this Period **76.00**
 Payroll Deduction: \$38.00/Bi-Weekly

B. MICHAEL HALTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Righters Mill Rd
 City Penn Valley State PA Zip Code 19072-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : ACBB42FBA40E54998B35
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

C. GARY L HONTS JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7707 N 127th Ave
 City Omaha State NE Zip Code 68142-1723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JFK Memorial Hospital Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1119.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : A40B7363AD9D041538D2
 Amount of Each Receipt this Period **192.00**
 Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	306.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. LEONARD ROSENFELD
Full Name (Last, First, Middle Initial)
Mailing Address 7243 Baxtershire Dr
City Dallas State TX Zip Code 75230-3170
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, QUALITY MANAGEMENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : A01770FE4A16E4631A79
Amount of Each Receipt this Period **38.00**
Payroll Deduction: \$19.00/Bi-Weekly

B. CANDACE MARKWITH
Full Name (Last, First, Middle Initial)
Mailing Address 980 Isabella Way
City San Luis Obispo State CA Zip Code 93405-6186
FEC ID number of contributing federal political committee. **C**
Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **663.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : A3C970753F432495CB8B
Amount of Each Receipt this Period **78.00**
Payroll Deduction: \$39.00/Bi-Weekly

C. KAREN R FOWLER
Full Name (Last, First, Middle Initial)
Mailing Address 8306 Turquoise St
City El Paso State TX Zip Code 79904-2513
FEC ID number of contributing federal political committee. **C**
Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation ASST VP NURSING
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : AECD23EC4E0A348A1B89
Amount of Each Receipt this Period **38.00**
Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	154.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MONICA C VARGAS		Date of Receipt
Mailing Address 4017 Flamingo Dr		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
El Paso	TX	79902-1313
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC6800302CACF4C3391F
Name of Employer	Occupation	Amount of Each Receipt this Period
SIERRA PROVIDENCE EASTSIDE HOSPITAL	COO	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$19.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="323.00"/>	

Full Name (Last, First, Middle Initial) B. GARY J SLOAN		Date of Receipt
Mailing Address 615 Stevens Ct		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Danville	CA	94506-4805
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA3644A56AC0A4B8DB7B
Name of Employer	Occupation	Amount of Each Receipt this Period
SAN RAMON REGION MEDICAL CENTER	CEO	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$19.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="323.00"/>	

Full Name (Last, First, Middle Initial) C. JOE D THOMASON		Date of Receipt
Mailing Address 6304 Carmel Falls Ct		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
McKinney	TX	75070-8768
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AFD5FE89CCB654858A8A
Name of Employer	Occupation	Amount of Each Receipt this Period
CENTENNIAL MEDICAL CENTER	CEO	<input type="text" value="76.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$38.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="646.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="152.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. NORMA A ZERINGUE			Date of Receipt
Mailing Address 5757 Southwestern Blvd			<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A700D02DD58944F93B9E
Dallas	TX	75209-3437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.00"/>
Name of Employer	Occupation		Payroll Deduction: \$19.00/Bi-Weekly
CONIFER	SVP, STRATEGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1323.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. DANIEL WALDMANN			Date of Receipt
Mailing Address 1111 N Montclair Ave			<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : AEB2E9E1F4D9A4F938C2
Dallas	TX	75208-3520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="192.00"/>
Name of Employer	Occupation		Payroll Deduction: \$96.00/Bi-Weekly
TENET HEALTHCARE CORPORATION	VP, GOVERNMENT RELATIONS		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1632.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JOHN P LANDINO			Date of Receipt
Mailing Address 911 Lake Breeze Dr			<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A244F3650CEFD4A7A8C6
Highland Village	TX	75077-6491	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="78.00"/>
Name of Employer	Occupation		Payroll Deduction: \$39.00/Bi-Weekly
TENET HEALTHCARE CORPORATION	VP PHY RELT PROG,BUS DEV		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="663.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="308.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. CARLOS A DUBE
Full Name (Last, First, Middle Initial)
Mailing Address 10172 Saigon Dr
City El Paso State TX Zip Code 79925-5428
FEC ID number of contributing federal political committee. **C**
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, IMAGING SVCS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : AA092B97880E84675B11
Amount of Each Receipt this Period **38.00**
Payroll Deduction: \$19.00/Bi-Weekly

B. KENNETH F SUTHERLAND
Full Name (Last, First, Middle Initial)
Mailing Address 102 Wilmington Ct
City Southlake State TX Zip Code 76092-8492
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CONSTRUCTION & DESIG
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **646.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : AAF426809212942F2805
Amount of Each Receipt this Period **76.00**
Payroll Deduction: \$38.00/Bi-Weekly

C. MR. JAMES M COWLING
Full Name (Last, First, Middle Initial)
Mailing Address 111 Sunset Cove Ln
City Palm Beach Gardens State FL Zip Code 33418-4607
FEC ID number of contributing federal political committee. **C**
Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : A68D50AB8155F4DD1A04
Amount of Each Receipt this Period **38.00**
Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **152.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. ALVIN W JOSEPHS
Full Name (Last, First, Middle Initial)

Mailing Address 3717 Herwol Ave

City Waco State TX Zip Code 76710-7218

FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, COMPLNCE POLICY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 24 / 2013
Transaction ID : A80DAA08FCEA84E2399C

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

B. DAVID W BORDOFSKE
Full Name (Last, First, Middle Initial)

Mailing Address 5001 Ashland Belle Ln

City Frisco State TX Zip Code 75035-7682

FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CLINICAL SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 24 / 2013
Transaction ID : A6D709AAABC544EF9B17

Amount of Each Receipt this Period 80.00

Payroll Deduction: \$40.00/Bi-Weekly

C. JAMES D DORIS
Full Name (Last, First, Middle Initial)

Mailing Address 264 Idlewilde Ln

City Sanford State NC Zip Code 27332-9304

FEC ID number of contributing federal political committee. **C**

Name of Employer CENTRAL CAROLINA HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 08 / 24 / 2013
Transaction ID : A2AACF5A00CC345458C0

Amount of Each Receipt this Period 70.00

Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 228.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. LINDA K MERCIER
Full Name (Last, First, Middle Initial)

Mailing Address 14 Columbia Crest Pl

City Spring State TX Zip Code 77382-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer HOUSTON NW MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : A1FBCE765EB85472F83E

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

B. SHELLEY GILES
Full Name (Last, First, Middle Initial)

Mailing Address 3803 Stockton Ln

City Dallas State TX Zip Code 75287-4919

FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, RELOCATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : A83D2FA578B9648C6987

Amount of Each Receipt this Period **40.00**

Payroll Deduction: \$20.00/Bi-Weekly

C. STEVEN B BARR
Full Name (Last, First, Middle Initial)

Mailing Address 1300 Binz St

City Houston State TX Zip Code 77004-7016

FEC ID number of contributing federal political committee. **C**

Name of Employer PLAZA SPECIALTY HOSPITAL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **323.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : A386DE2D14DD8470E866

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	156.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. LEA D FOURKILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13219 George St
 City Dallas State TX Zip Code 75234-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONIFER Occupation VP & CHIEF COMP OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **748.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : A8C72E43B1BFF4553B91
 Amount of Each Receipt this Period **88.00**
 Payroll Deduction: \$44.00/Bi-Weekly

B. ROB FINNEGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 Carriage Trl
 City McKinney State TX Zip Code 75070-4306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, FINANCE ASC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : AC53843BFFF434CA0887
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

C. MICHELE M FINNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 21521 Turtledove St
 City Trabuco Canyon State CA Zip Code 92679-3486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **646.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : A2308BAE128004E4685C
 Amount of Each Receipt this Period **76.00**
 Payroll Deduction: \$38.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	202.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. AUDREY T ANDREWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Penfolds Ln
 City Coppel State TX Zip Code 75019-4544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3264.00

Date of Receipt 08 / 24 / 2013
Transaction ID : AC4F38D6050C849A2B64
 Amount of Each Receipt this Period 384.00
 Payroll Deduction: \$192.00/Bi-Weekly

B. TYLER MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Londonberry Ter
 City Southlake State TX Zip Code 76092-7321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP AND TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 24 / 2013
Transaction ID : A920DB7A5B059446BBFB
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

C. MATTHEW C MICHAELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3507 Munstead Trl
 City Frisco State TX Zip Code 75033-1166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONIFER Occupation SVP, HOSPITAL OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 08 / 24 / 2013
Transaction ID : A1A0EAABA161744B89D0
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 460.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. KENT G CLAYTON
Full Name (Last, First, Middle Initial)

Mailing Address 3 Turtle Bay Dr

City Newport Beach	State CA	Zip Code 92660-4266
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PLACENTIA LINDA HOSPITAL	Occupation CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2013

Transaction ID : AD8535DDEF7A84FC0B58

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/Bi-Weekly

B. JOHN A GRAH
Full Name (Last, First, Middle Initial)

Mailing Address 6104 La Posta Dr

City El Paso	State TX	Zip Code 79912-1842
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PROVIDENCE MEMORIAL HOSPITAL	Occupation COO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **503.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2013

Transaction ID : A9601439DA6E74CEDA4F

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$39.00/Bi-Weekly

C. JOHN F HOLLAND
Full Name (Last, First, Middle Initial)

Mailing Address 3610 Edgewater St

City Dallas	State TX	Zip Code 75205-4317
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, REGIONAL OPERATIONS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1632.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2013

Transaction ID : AA9ECD5A334EA4BA082B

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	346.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEFFREY KOURY			Date of Receipt
Mailing Address 42 Barneburg			<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A383DBCAF66FD406D9A6
Dove Canyon	CA	92679-4210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.00"/>
Name of Employer	Occupation	Payroll Deduction: \$38.00/Bi-Weekly	
TENET HEALTHCARE CORPORATION	SVP, REGIONAL OPERATIONS		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="646.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. BRADLEY C TAYLOR			Date of Receipt
Mailing Address 9438 Thornberry Ln			<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : AD92F9D4E30CB45BAA95
Dallas	TX	75220-5145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.00"/>
Name of Employer	Occupation	Payroll Deduction: \$19.00/Bi-Weekly	
TENET HEALTHCARE CORPORATION	SR DIR, BUSINESS DEV		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="323.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. SALLY A HURT-STEFFEN			Date of Receipt
Mailing Address 712 Waltham Ct			<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : AD494259C1AE14742ACC
El Paso	TX	79922-2128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation	Payroll Deduction: \$50.00/Bi-Weekly	
SIERRA PROVIDENCE EASTSIDE HOSPITAL	CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="850.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="214.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DINA L DUNN		Date of Receipt MM / DD / YYYY 08 / 24 / 2013 Transaction ID : AABEE353239D14A7AA4B
Mailing Address 3717 Cherry Ridge Dr		Amount of Each Receipt this Period 50.00
City Frisco	State TX	Zip Code 75033-1328
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$25.00/Bi-Weekly
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, HR HOSPITAL OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. ANDREAS M GRAF		Date of Receipt MM / DD / YYYY 08 / 24 / 2013 Transaction ID : AF942C9C68BB145F19DE
Mailing Address 3975 Stockton Ln		Amount of Each Receipt this Period 38.00
City Dallas	State TX	Zip Code 75287-4921
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$19.00/Bi-Weekly
Name of Employer TENET HEALTHCARE CORPORATION	Occupation MGR, TRAVEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

Full Name (Last, First, Middle Initial) C. LESTER G COTTLE		Date of Receipt MM / DD / YYYY 08 / 24 / 2013 Transaction ID : AA2BE8FDBDE934750BD2
Mailing Address 1625 Fawn Ln		Amount of Each Receipt this Period 38.00
City Huntingdon Valley	State PA	Zip Code 19006-7917
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$19.00/Bi-Weekly
Name of Employer ST CHRISTOPHER'S HOSPITAL FOR CHILDR	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RICKY JOHNSTON		Date of Receipt										
Mailing Address 401 N Church St		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>24</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	24	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	24	/	2013								
City	State	Zip Code										
McKinney	TX	75069-3854										
FEC ID number of contributing federal political committee.		Transaction ID : A9F3D30074A4D4542AC4										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		90.00										
Name of Employer		Payroll Deduction: \$45.00/Bi-Weekly										
TENET HEALTHCARE CORPORATION	Occupation											
	VP, IT TECHNOLOGY											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	765.00											

Full Name (Last, First, Middle Initial) B. ELIZABETH JOHNSON		Date of Receipt										
Mailing Address 3302 Marsh Ln		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>24</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	24	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	24	/	2013								
City	State	Zip Code										
Grapevine	TX	76051-6828										
FEC ID number of contributing federal political committee.		Transaction ID : A24920180AD2D4EA7908										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		76.00										
Name of Employer		Payroll Deduction: \$38.00/Bi-Weekly										
TENET HEALTHCARE CORPORATION	Occupation											
	VP, APPLIED CLINICAL INF											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	646.00											

Full Name (Last, First, Middle Initial) C. JAMES E MCPARTLAND		Date of Receipt										
Mailing Address 2345 Timberlake Cir		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>24</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	24	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	24	/	2013								
City	State	Zip Code										
Allen	TX	75013-5835										
FEC ID number of contributing federal political committee.		Transaction ID : ABB46CE4867CD435F913										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		38.00										
Name of Employer		Payroll Deduction: \$19.00/Bi-Weekly										
TENET HEALTHCARE CORPORATION	Occupation											
	VP, PATIENT MGMT SYSTEMS											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	323.00											

SUBTOTAL of Receipts This Page (optional).....▶	204.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RODNEY A REASONER		Date of Receipt
Mailing Address 1960 Mary Lee Ln		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Allen	TX	75002-8528
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : A0CAAF79CD97048D0B89
TENET HEALTHCARE CORPORATION	VP, FINANCE	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="646.00"/>	<input type="text" value="76.00"/>
		Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial) B. STEPHEN W KROUSE		Date of Receipt
Mailing Address 632 Hirst Ave		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Havertown	PA	19083-4126
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : AA5CF0797E4124DF4A7A
ST. CHRISTOPHER'S HOSPITAL FOR CHILDRE	CHIEF HR OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="323.00"/>	<input type="text" value="38.00"/>
		Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial) C. JEREMY D FALKE		Date of Receipt
Mailing Address 18726 Olive St		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Omaha	NE	68136-1229
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : A674910393350436997E
TENET HEALTHCARE CORPORATION	DIR, STRTGIC OPS, ANLYS & REPORTING	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="323.00"/>	<input type="text" value="38.00"/>
		Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="152.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. JOHN TILLY
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Wentwood Dr

City Irving State TX Zip Code 75061-4456

FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & ASST GENERAL COUNSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt 08 / 24 / 2013
Transaction ID : **A3EA25565FE944EBA963**

Amount of Each Receipt this Period 150.00

Payroll Deduction: \$75.00/Bi-Weekly

B. DAVID L ARCHER
Full Name (Last, First, Middle Initial)

Mailing Address 2594 Hocksett Cv

City Germantown State TN Zip Code 38139-6655

FEC ID number of contributing federal political committee. **C**

Name of Employer SAINT FRANCIS HOSPITAL Occupation MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1632.00

Date of Receipt 08 / 24 / 2013
Transaction ID : **A5B226FD8B8E64FBC951**

Amount of Each Receipt this Period 192.00

Payroll Deduction: \$96.00/Bi-Weekly

C. LERRYN CROCKER
Full Name (Last, First, Middle Initial)

Mailing Address 2386 Liledoun Rd

City Taylorsville State NC Zip Code 28681-8892

FEC ID number of contributing federal political committee. **C**

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt 08 / 24 / 2013
Transaction ID : **AB2E1AB2A6EBD4D6DB34**

Amount of Each Receipt this Period 192.00

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 534.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. RUBEN O RODRIGUEZ
Full Name (Last, First, Middle Initial)

Mailing Address 6905 Villa Hermosa Dr

City El Paso State TX Zip Code 79912-2341

FEC ID number of contributing federal political committee. **C**

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, PLANT OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **323.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : AC9413E413ED04458A9D

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

B. MARK H BRYAN
Full Name (Last, First, Middle Initial)

Mailing Address 7480 Kings Mountain Rd

City Vestavia State AL Zip Code 35242-2581

FEC ID number of contributing federal political committee. **C**

Name of Employer DELRAY MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **251.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : A1879A900BEE94B08AE7

Amount of Each Receipt this Period **38.00**

Payroll Deduction: \$19.00/Bi-Weekly

C. DANIEL M KARNUTA
Full Name (Last, First, Middle Initial)

Mailing Address 981 Patrician Ct

City McKinney State TX Zip Code 75069-8781

FEC ID number of contributing federal political committee. **C**

Name of Employer CONIFER Occupation SVP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 24 / 2013**

Transaction ID : AD3FAECB0D3DF40898E4

Amount of Each Receipt this Period **50.00**

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **126.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. EDWARD MESCO
Full Name (Last, First, Middle Initial)

Mailing Address 7365 NW 54th St

City State Zip Code
Lauderhill FL 33319-6346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TENET HEALTHCARE CORPORATION DIR, REG REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
08 / 24 / 2013
Transaction ID : **A7EB3D9CA52924C139A7**

Amount of Each Receipt this Period
50.00

Payroll Deduction: \$25.00/Bi-Weekly

B. ROBERT B SHAPPLEY
Full Name (Last, First, Middle Initial)

Mailing Address 1043 Humphrey Oaks Cir

City State Zip Code
Memphis TN 38120-2626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SAINT FRANCIS HOSPITAL ASSOC. ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.00

Date of Receipt
08 / 24 / 2013
Transaction ID : **A611587B5ECC0468A8AE**

Amount of Each Receipt this Period
38.00

Payroll Deduction: \$19.00/Bi-Weekly

C. TIM ADAMS
Full Name (Last, First, Middle Initial)

Mailing Address 2408 University Club Dr

City State Zip Code
Austin TX 78732-2052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TENET HEALTHCARE CORPORATION SVP REGIONAL OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1632.00

Date of Receipt
08 / 24 / 2013
Transaction ID : **ACF51155482CF46AE851**

Amount of Each Receipt this Period
192.00

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILLIAM T MOORE		Date of Receipt
Mailing Address 3014 Castle Pines Dr		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Duluth	GA	30097-2039
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AF124096A480C489CBCD
Name of Employer	Occupation	Amount of Each Receipt this Period
ATLANTA MEDICAL CENTER	MARKET CEO	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$20.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="340.00"/>	

Full Name (Last, First, Middle Initial) B. KELVIN A BAGGETT		Date of Receipt
Mailing Address 6453 Tulip Ln		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75230-4148
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A1F424F8CA6A14D4E843
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	SVP, CHIEF MEDICAL OFCR	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$39.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="663.00"/>	

Full Name (Last, First, Middle Initial) C. MICHAEL K BURTNETT		Date of Receipt
Mailing Address 1131 N Edgefield Ave		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75208-3624
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC4A14B1F340145D2A78
Name of Employer	Occupation	Amount of Each Receipt this Period
TENET HEALTHCARE CORPORATION	VP, OUTPATIENT SERVICES	<input type="text" value="76.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction: \$38.00/Bi-Weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="646.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="194.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. VANESSA BENAVIDES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3818 Cedar Spr # 101-32
 City Dallas State TX Zip Code 75219-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CORP COMPLIANCE OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **663.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : AA86504BD0F274B9AB45
 Amount of Each Receipt this Period **78.00**
 Payroll Deduction: \$39.00/Bi-Weekly

B. MICHAEL S HONGOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6704 Westmont Dr
 City Colleyville State TX Zip Code 76034-7263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, INFO SYSTEMS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : A7F21041F0C404969BCF
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction: \$20.00/Bi-Weekly

C. JAIKUMAR KRISHNASWAMY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13123 Avalange Ct
 City Cypress State TX Zip Code 77429-4913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **323.00**

Date of Receipt **08 / 24 / 2013**
Transaction ID : AC388A72F35F54A1F95B
 Amount of Each Receipt this Period **38.00**
 Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	156.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL A CASTANON		Date of Receipt 08 / 24 / 2013 Transaction ID : AC4581E7F3E26407C923
Mailing Address 6307 Preston Pkwy		Amount of Each Receipt this Period 38.00
City Dallas	State TX	Zip Code 75205-1650
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$19.00/Bi-Weekly
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP & DEPUTY GNRL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

Full Name (Last, First, Middle Initial) B. JASON E EVANS		Date of Receipt 08 / 24 / 2013 Transaction ID : A0A69B8A4BD0640B2A94
Mailing Address 676 Bryn Mahr Ln		Amount of Each Receipt this Period 78.00
City Rockwall	State TX	Zip Code 75087-6018
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$39.00/Bi-Weekly
Name of Employer LAKE POINTE MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 663.00	

Full Name (Last, First, Middle Initial) C. CONLEY S CERVANTES		Date of Receipt 08 / 24 / 2013 Transaction ID : A46420C6BFF1746B09F1
Mailing Address 819 Cambridge Manor Ln		Amount of Each Receipt this Period 24.00
City Coppell	State TX	Zip Code 75019-6105
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$12.00/Bi-Weekly
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR, MANAGED CARE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	6539.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of THA

Mailing Address 500 Interstate Blvd, South

City Nashville State TN Zip Code 37210

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	6		2	0	1	3		

Transaction ID : B63BAC42D3A7541DAB14

Amount of Each Disbursement this Period

2	3	7	7	.	4	7
---	---	---	---	---	---	---

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2	3	7	7	.	4	7
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2	3	7	7	.	4	7
---	---	---	---	---	---	---